## **CLAIMS ONLY**

SERIAL NO. 10025295 APPLICANT(S) FILING DATE

CLAIMS

|                 | AS FILED   |             | AFTER  |  | AFTER           |              |
|-----------------|--|-------------|--|--|-----------------|--------------|
|                 | IND.   | DEP.        | IND.   | DEP.   | 2nd AME<br>IND. | DEP.         |
| 1               | 1  | UEF.        | 140.   | DEP.   | IAD.            | UEP.         |
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| 8               | <del> </del>                                     | 1           | <b>†</b>   | 1  | <del></del>     | <del></del>  |
| 9               | 1  | 1           |  | †  |                 |              |
| 10              | 1  | 1           |  | <u> </u>   |                 |              |
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| 12              | 1  | 1           |  |  |                 |              |
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| 19              | <u> </u>   |             | L  |  |                 |              |
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| TOTAL           | 3  | <del></del> |  | <del></del>                                      |                 |              |
| IND.            | 9  |             |  |  |                 | <b>-</b> 1   |
| TOTAL<br>DEP.   | 10   | _ [         | _  | _ [  |                 | -            |
| TOTAL<br>CLAIMS | 12   |             |  |  |                 |              |

| <u>s</u>        | *           |          | *            |  | *  |   |
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| 59              | 1           |          | 1            | 1  | <b>†</b>   | <del>                                     </del>  |
| 60              |             |          |              |  |  | †   |
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| 63              | i           |          |              |  | 1  | 1   |
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| 96              |             |          |              |  |  |   |
| 97              |             |          | -            |  |  |   |
| 98              |             |          |              |  |  |   |
| 99              |             |          |              | -  |  |   |
| 100             |             |          |              | <u> </u>   |  |   |
| TOTAL           |             |          |              |  |  |   |
| IND.            |             |          |              |  |  | <b>.</b> !  |
| TOTAL<br>DEP.   |             | <b>-</b> |              | <b>—</b>   |  | <b>—</b>  |
| TOTAL<br>CLAIMS |             |          |              |  |  |   |
| CLAIMS [        |             |          |              |  |  |   |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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